

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010325

**Entity Name:** HABITAT FOR HUMANITY LAKE-SUMTER FOUNDATION, INC.

**FILED**  
**May 29, 2020**  
**Secretary of State**  
**3605897130CC**

**Current Principal Place of Business:**

906 AVENIDA CENTRAL  
THE VILLAGES, FL 32159

**Current Mailing Address:**

906 AVENIDA CENTRAL  
THE VILLAGES, FL 32159 US

**FEI Number: 47-2312472**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R. JR., ESQ.  
SHUFFIELD, LOWMAN & WILSON, PA  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** WILLIAM R. LOWMAN, JR., ESQ.

05/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TRUSTEE  
Name            LACHNIGHT, GERARD  
Address        1060 LAKE SUMTER LANDING  
City-State-Zip: LADY LAKE FL 32162

Title            TRUSTEE, TREASURER  
Name            STROUD, DANIELLE  
Address        906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title            TRUSTEE, SECRETARY  
Name            MILLER, SUSAN  
Address        270 E. LAKEVIEW STREET  
City-State-Zip: UMATILLA FL 32784

Title            VP, TRUSTEE  
Name            RAMIREZ, FELIX  
Address        247 BOCA CIEGA ROAD  
City-State-Zip: MASCOTTE FL 34753

Title            TRUSTEE  
Name            WOLGAMOTT, JENNIFER  
Address        906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title            TRUSTEE  
Name            CAMPBELL, CHRISTINA  
Address        1028 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIELLE STROUD

**TREASURER**

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date